

PTO/SB/97 (09-04)

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on July 13, 2006  
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Examiner: Bob A. Phunkulh Group Art Unit 2661

Total Number of Pages: 17 total pages

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Cheryl M. Fernandez

Tellabs Operations, Inc., 1415 West Diehl Road, MS 16, Naperville, IL 60563

Typed or printed name of person signing Certificate

Phone: 630-798-3019

52,611

Fax: 630-798-3231

Registration Number, if applicable

Telephone Number

Re: Serial No. 09/696,051

Attorney Docket No. 4910.00011

Filed: October 25, 2000

In Application of Owens, et al.

Title: PROTECTION/RESTORATION OF MPLS NETWORKS

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1. Certificate of Transmission under 37 CFR 1.8
2. Transmittal Form
3. Response to Office Action dated March 16, 2006 ( 11 pages)
4. Petition for Extension of Time under 37 1.136(a) - In duplicate
5. Fee Transmittal for FY 2005 - in duplicate

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/606,051
Filing Date	October 25, 2000
First Named Inventor	Owens, et al.
Art Unit	2661
Examiner Name	Bob A. Phunkulh
Attorney Docket Number	4910.00011

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**JUL 13 2006**

17

ENCLOSURES (Check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers
<input checked="" type="checkbox"/> Amendment/Reply ( 11 pages)	<input type="checkbox"/> Petition
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	
Remarks	

 After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):

Certificate of Transmission under 37 CFR 1.8

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	TELLABS OPERATIONS, INC.		
Signature	<i>Cheryl M. Fernandez</i>		
Printed name	Cheryl M. Fernandez		
Date	July 13, 2006	Reg. No.	52,611

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Cheryl M. Fernandez</i>		
Typed or printed name	Cheryl M. Fernandez	Date	July 13, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEET TRANSMITTAL**  
For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
120.00

## Complete if Known

Application Number	09/696,051
Filing Date	October 25, 2000
First Named Inventor	Owens, et al.
Examiner Name	Bob A. Phunkulh
Art Unit	2661
Attorney Docket No.	4910.000011

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JUL 13 2006

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 500654 Deposit Account Name: Tellabs Operations, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)
- 20 or HP =	x	=	50	25	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	200	100	360	180

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

Fees Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for Extension of Time under 36 CFR 1.17(a) - 1 month

120.00

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature	<i>Cheryl M. Fernandez</i>	52,611	630-798-3019
Name (Print/Type)	Cheryl M. Fernandez		Date July 13, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**120.00**

Complete if Known

Application Number	09/696,051	RECEIVED
Filing Date	October 25, 2000	CENTRAL FAX CENTER
First Named Inventor	Owens, et al.	
Examiner Name	Bob A. Phunkulh	JUL 13 2006
Art Unit	2661	
Attorney Docket No.	4910.00011	

## METHOD OF PAYMENT (check all that apply)

 Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

 Deposit Account    Deposit Account Number: **500654**    Deposit Account Name: Tellabs Operations, Inc.

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under 37 CFR 1.16 and 1.17  
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Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

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Indep. Claims    Extra Claims    Fee (\$)

- 3 or HP =    x    =

HP = highest number of independent claims paid for, if greater than 3.

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- 100 =	/ 50 =	(round up to a whole number) x		

Fees Paid (\$)

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Other (e.g., late filing surcharge): Petition for Extension of Time under 36 CFR 1.17(a) - 1 month    120.00

## SUBMITTED BY

Signature	<i>Cheryl M. Fernandez</i>	Registration No. (Attorney/Agent) 52,611	Telephone 630-798-3019
Name (Print/Type)	Cheryl M. Fernandez		Date July 13, 2006

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